

Date of Request _____

OMB NO.: 0960-0575

REQUEST FOR QUARTERS OF COVERAGE (QC) HISTORY BASED ON RELATIONSHIP

Complete the information below when requesting QC history for applicants who qualify as spouse or parent(s) to lawfully admitted non-citizen. Mail the form to the Social Security Administration, PO Box 17750, Baltimore, MD. 21235-0001.

Print

Name: _____, _____ M.I.
Last First

SSN _____-____-____ Date of Birth ____-____-____
MM DD YY

Relationship to Applicant _____

**NOTE: COMPLETE THE YEAR COLUMN AND CIRCLE THE PERTINENT QUARTER(S) FOR THE YEAR.
SSA WILL PROVIDE INFORMATION ONLY FOR YEARS AND QUARTERS YOU INDICATE.**

| QC PATTERN | | | | | QC PATTERN | | | | |
|------------|-------|-------|-------|-------|------------|-------|-------|-------|-------|
| YEAR | 1ST Q | 2ND Q | 3RD Q | 4TH Q | YEAR | 1ST Q | 2ND Q | 3RD Q | 4TH Q |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

State's Name _____
&
Address _____

Contact Person's Name _____
&
Telephone Number _____

INSTRUCTIONS
FOR

FORM SSA-513 (OMB NO.:0960-0575)

REQUEST FOR QUARTERS OF COVERAGE (QC)
HISTORY BASED ON RELATIONSHIP

This form will be used whenever you cannot obtain consent to release information from an individual, other than the applicant for your benefit, whose quarters of are needed to enable the applicant to meet the 40 Qualifying Quarter exception.

IMPORTANT: You do not need to complete this form if the individual whose record you need to access is deceased. In those cases, you can use the automated Quarters of Coverage History System.

1. Determine the relationship of the numberholder to the applicant.
2. Using section II. A. determine the years and quarters that can be credited to the applicant.
3. After you have determined which periods can be credited, complete complete form SSA-513.
 - Print the numberholder's name; last name, first name and middle initial; SSN; and date of birth in the spaces provided on the form.
 - Print the numberholder' relationship to the applicant in the space provided.
 - Using the information you determined in # 2, complete the year column and circle the quarters that could be credited to the applicant. There is sufficient space to request 20 years. If you need more, complete a second form and staple the forms together before mailing them to SSA.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

Privacy Act Statement: The Social Security Administration (SSA) has authority to collect the information requested on this form under section 205 of the Social Security Act. Your response is voluntary; however, failure to provide all or part of the requested information could prevent an accurate and timely return of the requested information. SSA will provide this information based on Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The information on this form will not be disclosed to any other agency.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 2 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts, and fill out the form.

If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above.

All requests for Social Security Cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.